

# History of the Health Care System in Chile\*

## *Historical Background*

Although Chile achieved independence from Spain in 1810, it was not until 1833 that a durable constitution was adopted. This document called for a presidential system with a strong executive, a two-chamber congress with decisive powers over fiscal appropriations, and an independent judiciary.<sup>1</sup> Under the basic framework of this constitution, still applicable in 1973, Chile had developed a strong democratic tradition over a century and a half, with conservative, centrist, and leftist political parties, and had suffered fewer governmental upsets than most Latin American countries.<sup>2</sup> Furthermore, perhaps due to measures dating back to 1833 and the then Minister of the Interior, Diego Portales, the nation's Armed Forces had never assumed continuing power in Chile. The 1973 military coup was the first forced turnover since 1932, when opposition to President Carlos Ibanez' semi-dictatorial regime made him resign and led to reestablishment of democratic freedoms and forms.<sup>3</sup>

Over the years, Chilean democracy acquired a significant characteristic: while its political elites agreed fully on the importance of abiding by electoral results and by constitutionally mandated procedures, they maintained sharply divergent views, from left to right.<sup>4</sup> Unlike the United States political system which has, by and large, a dominant center consensus over ultimate goals, Chilean democracy became a system in which different groups struggled for widely different objectives. The commitment to the legal apparatus was largely because the latter represented the institutional expression of a balance of forces in which all parties and their constituencies obtained some tangible benefits from participating in the system. The Rightist's commitment to the legal structure derived largely from the fact that it, by and large, favored the existing socioeconomic system. The Leftists supported the framework because it was permitting attainment of goals such as the maintenance of a power base within the unions, amelioration of the living conditions of the working class, and progress towards legislation which would "perfect the democratic order" and lead society in a socialist direction.<sup>5</sup>

In the September 1970 presidential election, the victory of the Popular Unity coalition, chiefly Socialist, Community, Left Christian, and Radical (Centrist), brought the Marxist parties to dominance in office for the first time in Chile's history, although they did not achieve an absolute majority. The Executive, which was inaugurated in late 1970, wasted no time in attempting to carry out its election campaign promises to use the democratic system to implement changes legally in accordance with its blueprint of a future socialist Chile.<sup>6</sup>

This shift in the balance of forces toward the Left led, however, to a legitimacy crisis: the Right and its foreign allies withdrew their commitment to the existing form of government, support for which had previously been the only area of full agreement among the polarized political forces. Thus, in the final days before the coup, the cries in favor of defending the constitution came almost solely from the Left.<sup>7</sup> The present military government quickly made clear its opposition to liberal democracy, as "inevitably leading to communist infiltration and subversion."<sup>8, 9</sup>

## *Voter Participation*

After 1960, the level of participation in politics took a sharp turn upwards. Previously the average voting registration of the Chilean population varied from 7 to 15 per cent.<sup>10</sup> Electoral laws had restricted suffrage to the literate and required periodic registration. The Christian Democratic party, in power most recently from 1964 to 1970, made strong efforts to bring about an increase in registration, and these efforts were paralleled by a heightened level of activity by the Marxist parties, intent on maintaining popular support. With suffrage extended to 18-year-olds and illiterates, the numbers of voters increased to 28 per cent in 1970 and to 36 per cent in 1974.<sup>5</sup> As voter participation increased, the parties in the Coalition encouraged formation of a multitude of neighborhood councils, mothers' clubs, and co-operatives.<sup>10</sup> Primary and secondary education were expanded massively. Peasant unions were legalized in 1967 and industrial unionism increased.<sup>3</sup>

By 1970 Chile was characterized by multiple groups which sought to defend their positions within an economy of scarce resources, trying to increase the benefits received. A political role was particularly important for all of these groups because so many of the benefits depended on deci-

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sions made in the public sector, which, by the end of the 1960s, controlled over 50 per cent of all gross investment and over 50 per cent of all credit.

The 1973 elections showed an increase to 45 per cent of the voters backing candidates of the Allende party; 36 per cent had supported the party in the 1970 presidential election.<sup>7</sup> Much has been written about this trend because analysis showed there had been maintenance of the support among older and middle-aged electors and a sharp increase in support among the young. Analysts predicted that if this trend were to continue until the presidential elections in September 1976 the Allende supporters could conceivably gain an absolute majority.<sup>9</sup>

### *Polarization*

The sharp increase in the level of political participation and in the number of groups presenting demands led to a heightened sense of polarization.<sup>9</sup> Party politics had been extended to new sectors of the population. For the typical worker, maintaining the Left in power basically meant greater opportunity to obtain more welfare and employment security. The measures taken by the Left to meet these expectations included wage increases, price controls, employment security, and increased numbers of jobs but, in the absence of an effective program of rationing, the resulting increased demand led to scarcities and to a black market, aggravated by the failure to increase production substantially. The latter was related, at least in part, to lower investment levels, the United States' credit squeeze, and the drop in world copper prices.<sup>11</sup>

By the end of August 1973, Government talks with the opposition coalition led by the Christian Democrats had failed to produce agreement. The Popular Unity coalition appeared rudderless, as its leaders were unable to agree on a course of action. Truck owners, shop-keepers, and various professional associations, with the Chilean Medical Association in a leadership role, went on strike demanding President Salvador Allende's resignation.<sup>12-14</sup> Saboteurs wrecked pipelines, railways, and high tension cables. Groups with opposing views skirmished daily in the streets of major cities. Military support for the constitutional government was dealt a decisive blow with the resignation of General Carlos Prats, Commander-in-Chief of the Armed Forces.<sup>9</sup>

On September 11, 1973, the very morning the President was to announce a plebiscite in an attempt to resolve the political impasse, the armed forces staged their coup.

### *Health and Health Services in Chile*

In common with many other countries, health services in Chile developed along a variety of tracks, based upon a combination of religious, philanthropic, and governmental influences.<sup>15</sup> Evolution of the social structure of the country had led to development of a few wealthy families, a relatively small middle class and a large working class and peasant population, a situation further complicated by the unique ge-

ography of the country and its dependence on copper mining as a source of revenue.<sup>3, 10</sup>

A significant factor in the development of Chile's health system was the country's early devotion to quality education. Medical education had begun at the University of Chile in 1842, with maintenance of relatively high standards over the years. In the 1940s and 1950s, outside grants, among which those of the Rockefeller and Kellogg Foundations were most notable, supported academic preparation abroad, chiefly in the U.S., of a number of Chilean physicians interested in public health. One direct result was expansion of educational facilities through establishment in 1958 of a School of Public Health at the University of Chile. By the early 1950s, what can best be described as a "critical mass" of professionally prepared health workers had been accumulated and a major effort was undertaken to unify the Chilean health system.<sup>15</sup>

At that time, besides a number of smaller units, there were at least six governmental agencies involved in health services: 1) the "Dirección General de Sanidad", concerned with preventive services in general, except for those specifically assigned to other units; 2) the "Dirección General de Protección de la Infancia y Adolescencia", a separate service for infant and child health; 3) the "Departamento Médico de la Caja de Seguro Obrero" (Medical Department of the Social Security System) providing all medical and health care to those covered by social security, i.e., the "blue collar" workers; 4) "Departamento de Higiene Industrial" of the Ministry of Labor, concerned with industrial and occupational health; 5) the "Dirección General de Beneficencia y Asistencia Social", the welfare medical care and hospital service; and 6) a national medical service for white collar workers, called "empleados" (employees) as distinguished from blue collar workers, called "obreros" (laborers).<sup>3, 16</sup>

In 1952, after years of planning and discussions, in which the Colegio Médico\* participated actively, during which many of the health workers who are the subject of this report were deeply involved, a National Health Service (NHS) was created.<sup>3, 15</sup> This brought together in one organization the first five departments listed above. SERMENA (SERvicio MEDico NAcional de empleados) was later developed as a health insurance plan independently, although also under the Ministry of Health. The law establishing the National Health Service, however, permitted the President to incorporate coverage of "empleados" in the Service, an authority never exercised. Outside the Ministry, the universities continued to run their hospitals and student health service and there were a few other smaller units—the medical services of the Carabineros (national police), the armed forces, and the prisons, etc. Figure 1 details the organization, which was essentially unchanged in 1973.

The NHS started with all the myriad problems of a comprehensive service trying to meet all health care needs.<sup>3</sup> Early criticism came from those oriented to public health, charging that the larger burden of medical and hospital care

\*The national physicians' organization responsible for certain public functions, such as licenses to practice.

**Figure 1—Public Sector Health Responsibilities, Chile, 1952–73**

| Public Health                                | Interior                               | Defense                  | Education                                  | Public Works            | Justice                      |
|--|--|--------------------------|--|-------------------------|------------------------------|
| National Health Service (NHS)                | Health Service of Carabineros (police) | Army Health Service      | Student Welfare Medical Service            | Railroad Health Service | Health Service for Prisoners |
| National Employees Medical Service (SERMENA) |  | Naval Health Service     | Jose Joaquin Aguirre (University) Hospital |                         | Legal Medicine Institute     |
| Hospital Building Society                    |  | Air Force Health Service | National School Aid Board                  |                         |                              |

consumed such a high proportion of available resources that prevention and community-based services suffered seriously. Nevertheless, with highly competent persons in the directive positions, slow progress was made, along with continuing discussions over organizational policy. The basic unit was a health center, of which all health resources in an area were a part. By 1959 there was a considerable overlap between health center directors and the directors of the dominant hospital in the area.<sup>15</sup> It was then decided to make the ambulatory care units satellites of the hospitals and the director of the base hospital the health director of the area. Considerable effort was made to recruit persons trained in public health as base hospital (area) directors.<sup>15</sup> The regional organization, continued under the conservative Jorge Alessandri regime (1958–64), was given considerable development during the more liberal Eduardo Frei administration (1964–70). The Frei administration also created Community Health Councils, conceived primarily as advisory to the centrally appointed director of each of the various institutions and health areas.<sup>17</sup>

The public health professionals appointed by President Allende (1970–1973) to the leadership positions in 1970 wished to build on the progress achieved during the Frei years, during which many of them had been involved at various levels. They perceived, however, serious persistent shortcomings in the health system, notably absence of complete and comprehensive coverage, a program far too oriented to costly tertiary level care as against primary care, and insufficient community participation. A six-year Health Plan took an ambitious approach to health care services.<sup>18, 19</sup>

### *The Six-Year Health Plan*

Major developments included far more emphasis on ambulatory and rural services, on the use of non-professionals and volunteers, and on far greater community involvement in health decisions, chiefly through reorganizing and expanding of neighborhood health councils which had functioned

unevenly since the National Health Service was established. Governmental Decree No. 602, defining these councils, their membership, and their functions,<sup>20</sup> is strongly reminiscent of U.S. Public Laws 89-749 (Partnership for Health Act) and 94-641 (Health Planning and Resources Development Act) in specification of a consumer majority on each council.<sup>19</sup> In the Chilean context, however, where physician decision-making had never been questioned, these provisions, giving substantial functions to non-professionals and consumer groups that included the poor and illiterate, were quite unsettling.<sup>14</sup> Furthermore, the Government sharply expanded reliance on the nationwide system of health centers, real-locating resources previously controlled by the hospital sector, which found itself in a lower priority position, a situation sharply resented by specialists.<sup>14</sup>

Another significant development was tremendous expansion of the program of milk distribution, which dates back to 1924 as a nutritional adjunct.<sup>21–23</sup> The program had grown slowly over many years but was in a stationary phase during the Alessandri government. The Frei government expanded the program sharply at first but later, under economic pressures, curtailed the foreign imports needed to maintain the level of distribution, with a consequent decrease.<sup>21</sup> Under the Allende government the quantity of milk distributed to the poor rose to some 39 million kilograms annually, excluding the milk provided in the school feeding program. Some 3 million children and mothers, about 70 per cent of the pregnant women and the population below age 15, were benefited. This was, in fact, fulfillment of an electoral promise of a half liter of milk per day for every Chilean child under age 15.<sup>22</sup> Nutrition programs were looked on with general favor, as evidenced by pledges to combat malnutrition from the two candidates opposing Dr. Allende in 1970. On the other hand, there were many criticisms that during both the Frei and the Allende regimes expansion had been too rapid for the distribution system, that milk powder was spoiling because of inadequate storage facilities, and that the distribution was often inequitable.<sup>23</sup> Others insisted that there had not been proper exploitation of Chile's fish resources as

an alternative source of protein, less costly than importation of milk. \*\*21

At the time of the 1970 electoral victory of President Allende, himself a physician and former Minister of Health, the Colegio Medico presented an award to him for distinguished services to public health.<sup>25</sup> Negotiations were begun with the Government over the character and extent of the promised reforms but, unable to change these significantly, the Colegio Medico became increasingly alienated. Among the significant issues were the Colegio's opposition to changes in the form of medical care delivery, the perceived threat of change of the physician's status in Chilean society, and the physicians' minority position on the local health councils as compared with consumers and non-professional health workers.<sup>5</sup> Physicians were also concerned about their falling income and the general economic difficulties of the country.<sup>7</sup>

The Colegio Medico was not alone in being highly critical of many of the administrative measures taken and were disturbed over what they considered manifest inefficiency, bumbling, and waste.<sup>26</sup> There were accusations of partiality toward supporters of the Allende government, and the health services were said to be in continuous administrative and political turmoil. Many physicians were disappointed that higher priority and more funds were not given to the health sector in addition to the expanded milk program.<sup>14, 18, 27</sup> There was deep resentment that the workers' councils were conceived of as instrumentalities for the Government's broad social policy and were thus motivated by political considerations.<sup>26</sup> Minister of Health Arturo Jiron resigned, stating in a public letter to the President that communications between the two had broken down.<sup>28</sup>

Government Decree No. 602,<sup>20</sup> which empowered the neighborhood health councils to decide on local health policy, was a major problem.<sup>14</sup> The communities and the non-professional health workers designated their council representatives, but the physicians participated poorly, if at all.<sup>14, 27</sup> In addition to objection to allocating a higher proportion of always insufficient resources to ambulatory and preventive rather than hospital based care, there was opposition to intensified development of publicly provided health care delivery.<sup>29</sup>

In the third quarter of 1972, some two years after the inauguration of the Allende government, there came the first nationwide strike started by truckowners, who play a key role in transportation in the country.<sup>7, 27, 30</sup> The Colegio Medico decided to back the actions of the truckowners by calling for a sympathy strike among physicians, backed by about 65 per cent of them.<sup>14, 30</sup> This strike accentuated the antagonism and polarization within the medical profession, for the majority group exerted great pressure on the others to join the strike. Those who did not were threatened with sanctions, chiefly loss of the license to practice, controlled by the

Colegio.<sup>14, 26</sup> Because of the strike, the local health councils developed a number of techniques for carrying on health services in the absence of physician participation. Medical students played an important role, as did volunteers.<sup>14, 29</sup> Since they were unable to perform all of the curative services for which physicians were necessary, there was greater emphasis on preventive health services.<sup>14, 18, 19</sup> The doctors' strike was ended shortly before the parliamentary elections in the spring of 1973, but opposition by physicians to the new regime continued in other ways, including administrative slow-downs and seeing fewer patients.<sup>14, 18</sup>

After the March 1973 elections, the Colegio Medico intensified its opposition to the Allende government, including a series of public statements attacking the Marxist character of the government, a new strike in August 1973, and an open letter to the President calling on him to resign.<sup>13</sup> It is clear from these documents that the Colegio Medico<sup>12, 13</sup> and the physicians supporting it were deeply disturbed over the government policy extending the influence of the National Health Service over the remaining private sector.<sup>14, 18</sup> They feared this would lead to a complete socialization of health care resources of Chile and a state medical system under which physicians could "lose their professional status."<sup>31</sup> Beyond their immediate concerns, leaders of the Colegio Medico were generally active politically, strongly opposing the general changes in the government and the moves toward socialism and worker control.<sup>27, 32</sup>

### *Health Services after the Military Coup*

With the coup on September 11, 1973 and the death of President Allende and some of the health leaders who had served him, there came a striking change in the administration of public services and health services in particular.<sup>33-38</sup>

The major modification was based on a policy statement by the Military Junta that under existing economic conditions medical care, always costly, could not be provided free of charge.<sup>39, 40</sup> The National Health Service, established in 1952, was to be replaced by a "National System of Health Services" as the institution to regulate all public and private health organizations in the "free exercise of the medical profession."<sup>41</sup> The goal was to achieve "the growth and development of private and semi-private medicine so that each year a larger number of persons can be incorporated into these two system."<sup>42</sup>

The Secretary General of the Colegio Medico stated, "We want to incorporate in to the health system certain aspects of the market economy; not mercantilism or the obsession with larger profits, but the spirit of efficiency through loyal and wholesome competition. We must realize that in today's world nothing is free and that competition will allow the physician who provides the best care to gain a larger clientele."<sup>41</sup>

It was envisioned that the National Health Service would gradually give way to private structures. The Minister of Health, Alberto Spoerer, even more recently stated that the State recognizes that health is an inalienable right of people and the State has the obligation of providing health

\*\*On this point it might be noted that current information from the Inter-American Study of Infant Mortality<sup>24</sup> suggests that provision of milk to poor women who are pregnant may be the single most important measure in preventing low birth weight, a major factor in infant mortality.

services but that free health services have to be terminated and an income-determined system of payment established.<sup>39, 42</sup>

In the implementation of this policy, approximately 7,700 health workers were dismissed, 850 more were forced to retire, and the National Health Service budget like other public services was cut by 20 per cent even in face of the high inflation rate. A government spokesman admitted that 40 per cent of the people who sought acute medical care could not obtain it.<sup>43-45</sup>

An obvious early target was the system of community participation in local health councils and the attempts to involve people in their own health decisions.<sup>40, 43, 45</sup> Decisions previously made by the National Health Council, the technical body at the head of the National Health Service, were now transferred to the highest levels of the Ministry of Public Health.<sup>40, 45</sup> Another major change was the drastic reduction of the milk distribution program, while there was to be "the development of new food stuffs which are of high biological value, but which can be produced at a much lower cost" and the provision of "nutrition education" for the entire family.<sup>31, 45</sup>

It is hardly to be expected that within the short time period of the events described one could find significant measures to evaluate the effects of the programmatic changes. Between 1970 and 1973, there were substantial increases in specific health services, such as a tripling of the number of immunizations performed against measles,<sup>46</sup> a successful nationwide campaign to immunize all children against poliomyelitis, and an increase of almost 25 per cent in medical consultations at facilities of the National Health Service.<sup>14, 43, 45</sup>

Some data are available on the subject of malnutrition. The National Health Service reported that, among samples of more than 300,000 children below age 6 seen in NHS clinics throughout the country, the incidence of malnutrition declined by about 17 per cent between December 1970 and October 1973.<sup>43, 46</sup> Other workers, examining clinical records in the northern health area of the city of Santiago, observed a 20 per cent reduction in malnutrition during approximately the same period.<sup>21</sup> To be sure, the impact of increased milk consumption cannot be separated from other government measures to reduce income disparities among different social groups, to control food prices, and to provide increased health care and educational services to low-income families. No firm data are available since the coup but there are indications that the situation has worsened, one being that the definition of severe malnutrition has been narrowed considerably.<sup>47, 48</sup>

Generally used as an index of health status, the infant mortality rate is also relevant. Chile is the only South American country with reliable infant mortality data extending back for many years. The Chilean infant mortality rate has for many years been the highest among the countries with data considered under United Nations standards as complete and trustworthy. From 1927 to 1938 the rate varied from 226 to 236 and then began a slow decline until the 1950s, when it oscillated, being 136 in 1950 and 126 in 1960.<sup>14, 46, 49</sup> Another steady decline began in 1964, accelerating in 1967, and reach-

ing 65.3 in 1973, half of what it had been in 1950.<sup>43, 46, 47</sup> As in the case of malnutrition, one cannot separate the effects of any one measure, whether it be the health service, changes in living condition, milk distribution, or other factors.

Other indices, such as specific causes of death, including diarrheal diseases, tuberculosis, measles, avitaminosis, and pneumonias, showed significant drops in age adjusted mortality rates between 1969 and 1972.<sup>43, 45-47, 50</sup>

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